



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid \$18.00
Date 6-24-98
CK #2018 LK

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Sentinel Ranch Home Tel: (509) 932 - 5689
Mailing Address P.O. Box 968 Work Tel: () -
City Mattawa State WA Zip+4 99349 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Dr. William L. Miller Home Tel: (509) 932 - 5689
Mailing Address same as above Work Tel: (509) 932 - 4565
City _____ State _____ Zip+4 _____ + FAX: () -
Relationship to applicant owner

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 3,950 gpm (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of irrigation, frost protection, cooling, group domestic, stock. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. W₂ and W₂E₂ Section 23, T. 15 N., R. 23 E.W.M.

Estimate a maximum annual quantity to be used in acre-feet per year: rough estimate of 2300 ac-ft/yr

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

irrigation of 400 acres, frost protection & cooling

Section 4. WATER SOURCE

| If SURFACE WATER | | | | | | If GROUNDWATER | | |
|---|------|-----------|----------|--------------|--------|---|-------|-------------|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | | | | | | A permit is desired for <u>up to 4 well(s).</u> | | |
| Number of diversions: _____ | | | | | | | | |
| Source flows into (name of body of water): | | | | | | Size & depth of well(s): To be determined. | | |
| LOCATION | | | | | | | | |
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximate locations shown on attached map. | | | | | | | | |
| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
| | | | | | | Lot | Block | Subdivision |
| NW | NW | All in 23 | 15 N. | R. 23 E.W.M. | Grant | | | |
| NW | SW | | | | | | | |
| SW | SW | | | | | | | |
| SESW OR | SWSE | | | | | | | |
| For Ecology Use Date Received: <u>6-24-98</u> Priority Date: <u>6-24-1998</u> | | | | | | | | |
| SEPA: Exempt/Not Exempt <u>Not Exempt</u> FERC License # _____ Dept. Of Health # _____ | | | | | | | | |
| Date Accepted: As Complete <u>10/6/99</u> By <u>LK</u> Date Returned _____ By _____ WRIA: <u>36</u> | | | | | | | | |

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
Four wells are proposed to supply a pressure irrigation system. Group domestic uses are expected to include housing units and a central service facility, such as a clubhouse, and related amenities. A variety of crops and lawn areas may be developed, as suited to the terrain, soil conditions and final plan of development.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION. Stock watering from available surface waters.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 50 Type of connection residential units, clubhouse or similar
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 400
- B. List total number of acres for other specified agricultural uses:
Use frost protection Acres not yet determined
Use cooling Acres not yet determined
Use agricultural uses Acres 400 (for spraying and other incidental uses)
- C. Total number of acres to be covered by this application: 400
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals 100 Animal type likely horses, cattle or other (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?
Ponds may be used.

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.
I-90 west from Spokane.
Take Hwy 26 East exit at east end of Vantage Bridge.
After about one mile take Hwy 243 exit.
Proceed about 11¼ miles to property access.
Property is about ½ mile to the east.

* You will need permission to gain access, as this entry passes through other private ownership. * NOTE

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)
Attached.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

☒ YES ☐ NO

B. Does the applicant own the land on which the water source is located?
If no, submit a copy of agreement:

☒ YES ☐ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Department of Ecology staff will need to contact us to make arrangements for access to the property. See note at driving directions.

William L. Miller
Applicant (or authorized representative)
Dr. William L. Miller

6/23/98
Date

same
Landowner for place of use (if same as applicant, write "same")

Date

Judy M. Miller
Judy M. Miller

23 June 1998
Date

| | |
|------------------|---|
| SEPA | THIS APPLICATION IS NOT EXEMPT: |
| LEAD AGENCY | _____ |
| ____/____/____ | Completed Checklist Received |
| ____/____/____ | Determination of Nonsignificance Issued |
| ____/____/____ | Determination of Significance Issued |
| DRAFT EIS ISSUED | ____/____/____ |
| FINAL EIS ISSUED | ____/____/____ |

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APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Application Section 4

We plan to drill up to four wells, if needed. We may site more than one well in each subdivision, depending on the experience gained with drilling. Anticipate locating the wells and constructing to avoid interfering with any neighboring wells.

| | |
|---|--|
| We are returning your application for the following reason(s): | |
| <input type="checkbox"/> Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| <input type="checkbox"/> Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | |
| Please provide the additional information requested above and return your application by _____ (date). | |

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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